Complete If Known FEE TRANSMITTAL 10/046,070 Application Number for FY 2004 January 11, 2002 Filing Date Karpoff, Wayne First Named Inventor JUN 2-5-2004 Applicant claims small entity status. See 37 CFR 1.27 Kathy K. Takeguchi Examiner Name Technology Center 2100 2187 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 475 019417-003710US Attorney Docket No.

	· · · · · · · · · · · · · · · · · · ·	FEE CALCULATION (continued)								
Check	None	3. ADD	ITIONAL I	EES						
Deposit Acco		Large	Entity	Small	Entity					
Deposit					Fee (\$)	Fee	Fee (\$)	Fee Description	Fee	
Account Number				Code	• •	Code		•	Paid	
				1051	130	2051	65	Surcharge - tate filing fee or oath	├ ─┤	
Deposit		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.				
Account Name	Townsend and Town	nsend and Crew	ᄣ	1053	130	1053	130	Non-English specification		
	thortzed to: (check all tha			1812	2,520	1812	2,520	For filing a request for reexamination	L	
Charma factor		edit any overpaymen		1804	920	1804	920*	Requesting publication of SIR prior to Examiner action		
K	_			1805	1,840*	1805	1,840*	Requesting publication of SIR after	—— I	
	iditional fee(s) or any unde indicated below, except fo				1,040		1,010	Examiner action		
to the above-identi		1251	110	2251	55	Extension for reply within first month				
	FEE CALCUI	LATION		1252	420	2252	210	Extension for reply within second month		
1. BASIC FIL	ING FEE			1253	950	2253	475	Extension for reply within third month	475	
	mail Entity			1254	1,480	2254	740	Extension for reply within fourth month		
	ee Fee Fee Desc	ription	Fee Paid	l	-	l .			L	
	ode (\$)	1		1255	2,010	2255	1,005	Extension for reply within fifth month		
	001 385 Utility filing	-		1401	330	2401	165	Notice of Appeal		
	002 170 Design fili	-		1402	330	2402	165	Filing a brief in support of an appeal		
1	003 265 Plant filing 004 365 Reissue fi			1403	290	2403	145	Request for oral hearing	<u> </u>	
4 I"	004 305 Reissue ii 005 80 Provisiona	•		1451	1,510	1451	1.510	Petition to institute a public use proceeding		
		1452	110	2452	55	Petition to revive - unavoidable				
	SUBTOTAL (1)	<u>(3</u>		1453	1,330	2453	685	Petition to revive – unintentional		
2. EXTRA CL	AM FEES FOR UTILI	TY AND REISSU	JE	1501	1,330	2501	665	Utility issue fee (or reissue)		
		Fee from		1502	480	2502	240	Design issue fee		
Extra Claims below Fee Paid					640	2503	320	Plant Issue fee		
Total Claims =				1460	130	1460	130	Petitions to the Commissioner		
				1807	50	1807	50	Petitions related to provisional applications		
				1806	180	1806	180	Submission of Information Disclosure Stmt		
		8021	40	8021	40	Recording each patent assignment per property (times number of properties)				
Large Entity Fee Fee Code (\$)	Fee Fee Fe	e Description		1809	770	2809	385	Filing a submission after final rejection		
1202 18		laims in excess of 20			770	2010	385	(37 CFR § 1.129(a)) For each additional invention to be	├──┤ Ì	
1201 86		dependent claims in excess of 3		1810	770	2810	303	examined (3? CFR § 1.129(b))	[
1203 290 1204 86	2204 43 ***	Multiple dependent claim, if not paid ** Reissue independent claims			770	2801	385	Request for Continued Examination (RCE)		
1205 18	over original patent				900	1802	900	Request for expedited examination of a design application		
1		Other te	e (specify)							
"or number previo		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)475								
				ı						

SUBMITTED BY				c	omplete (# applicable)
Name (Print/Type)	Gerald T. Gray	Registration No. (Attorney/Agent)	41,797	Telephone	925-472-5000
Stynature	Meall T	May		Date	June 17, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

PATENT &

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1,4998														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
FOR NU				BER FILED NUMBER			EXTRA] Γ	RATE	FEE]	RATE	FEE	
BAS	SIC FEE									385.00	OR		770.00	
TO	AL CLAIMS		/	5 minu	s 20 = *] [x\$11=		ОВ	x\$22=		
INDEPENDENT CLAIMS 9 minus 3					us 3 =				x40=	<u> </u>	OR	x80=		
MULTIPLE DEPENDENT CLAIM PRESENT							Ϳ ͺϯ		<u> </u>	1	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	<u> </u>	OR			
CI 41110 40 4417777777								TOTAL		OR	TOTAL	L		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3						(Column 3)	_	SMALL	. ENTITY	OR		R THAN . ENTITY		
AMENDMENT A		REMA AF	AIMS VINING TER DMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	· ADDI- TIONAL FEE	
Š	Total .	. /	<u>Z</u>	Minus	" (20	= 0] [,	x\$11=		OR	x\$22=		
AME	Independent	13	<u> </u>	Minus	••• \	3_	=2		x40=5	86	OR	x80=		
_	FIRST PRE	SENTAT	ION OF	MULTIPLE	DEPE	NDENT CL	AIM '] [.	⊦130 <u>=</u>		OR	+260=		
-		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	ADI	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
AMENDMENT B		REMA AFT	IMS INING ER OMENT		NU PRE	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=	[>	(\$11=		OR	x\$22=		
	Independent	·		Minus	***		=		x40=		OR	x80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=		
(Column 1) (Calumn 2) (Column 3)							ADE	TOTAL DIT. FEE		OR,	TOTAL ADDIT. FEE			
AMENDMENT C		CLA REMA AFT AMEND	INING		NU PRE\	SHEST MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	••		=	. [×	\$11=		OR	x\$22=	·	
	Independent	•		Minus	•••		=		x40=		OR	×80=		
1		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 16 entry in column 1 is less than the entry in column 2, write "0" in column 3. 16. Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." 17. Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." 17. Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." 17. Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." 18. Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3."									OR	+260=		
	re entry in colu he, "Highest Nur he "Highest Nur e," Highest Nur	mn 1 is les nber Previ nber Previ her Preside	s than the ously Pai ously Pai	entry in column of the form in This differ in This form in This form of the fo	nn 2, wr SPACE SPACE	ite "O" in cotu is less than is less than	mn 3. 20, enter "20." 3, enter "3."	ADI	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		

Application or Docket Number